

Symptom Diary

| | | | SYMPTOMS OR SIDE EFFECTS | | | | | | |
|------|------------|----------------------|---|--|--|---|--|---|----------------|
| Date | What I did | What I ate/ drank | What <ul style="list-style-type: none"> side effect or symptom | Description <ul style="list-style-type: none"> where what it felt or looked like | Duration <ul style="list-style-type: none"> when did it start when/how often it occurred how long it lasted | Severity <ul style="list-style-type: none"> how bad was it on a scale of 1 to 10 1=Mild 10=Severe | Effect <ul style="list-style-type: none"> how it affected you | Management <ul style="list-style-type: none"> what you did to relieve it how well it worked | Other comments |
| | | | 1. | | | | | | |
| | | | 2. | | | | | | |
| | | | 3. | | | | | | |
| | | | 4. | | | | | | |